

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | (XO) | | 1-17-02 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 -+..... Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|------|
| Final | |
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| 14 ✓ ✓ | |
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| 18 ✓ ✓ | |
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| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet her